DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5490-000378

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUSES FOR ENHANCING PROSTHETIC IMPLANT DURABILITY

th	e specification of v	which (check one)						
		is attached hereto.						
		was filed on as Appli Application No and was	cation Serial No. or last amended on	PCT International _ (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:								
Í	PRIOR FOREIGN APPLICATION(S)							
	APPN. SERIAL NO.		DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM Yes No				

DECLARATION AND POWER OF ATTORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint David L. Ahlersmeyer, Reg. No. 31,938 of Biomet, Inc.; Stephen J. Foss, Reg. No. 31,251 and Richard W. Warner, Reg. No. 38,043 of Harness, Dickey & Pierce, P.L.C., as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

Full name of sole or first inventor: Jeel C. Higgins						
Inventor's signatur		COH				
Date:	3/24/04					
Residence: 8025	S. Beaver Dam Road	d. Claypool, IN 4651	 10 ·			

Citizenship: USA

Mailing Address: Same as residence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

To Be Assigned

Filing Date:

To Be Assigned

Applicant:

Joel C. Higgins

Group Art Unit:

To Be Assigned

Examiner:

To Be Assigned

Title:

METHODS AND APPARATUSES FOR ENHANCING

PROSTHETIC IMPLANT DURABILITY

Attorney Docket:

5490-000378

Director of the United States Patent and Trademark Office P.O. Box 1450 Alexandria, Virginia 22313-1450

STATEMENT UNDER 37 CFR 3.73(b) AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named Assignee is an assignee in the above-identified Application:

Assignee:

Biomet Manufacturing Corp.

56 E. Bell Drive P.O. Box 587

Warsaw, Indiana 46581-0587

The documentary evidence of a chain of title from the original owner to the Assignee is provided in the Assignment Document(s):

\boxtimes	filed	herewith,
	previ	iously filed,
Reel	No.	, Frame No.

I hereby declare that all statements made herein of my own knowledge are true, and that

all statements made on information and belief are believed to be true; and further that these

statements are made with the knowledge that willful false statements, and the like so made, are

punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States

Code, and that such willful false statements may jeopardize the validity of the application or any

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Hills, Michigan 48303 (248) 641-1600.

The undersigned (whose title is supplied below) is empowered to sign this certificate on

behalf of the assignee.

Date: 3/26/04

Name: Daniel P. Har

Title: Secretary